

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/533,108
Filing Date	with an effective filing date of October 16, 2003
First Named Inventor	Josef WEILAND
Group Art Unit	3723
Examiner Name	Bryan R. MILLER
Total No. of Pages in this Submission: 27	Attorney Docket Number LORWER P37AUS

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> <b>Fee Transmittal Form (in Duplicate)</b> <input checked="" type="checkbox"/> Fee attached <input checked="" type="checkbox"/> <b>Amendment/Response</b> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> <b>Extension of Time Request (in Duplicate)</b> <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input checked="" type="checkbox"/> Drawing - 1 Sheet <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> <b>Additional Enclosure(s) (please identify below):</b> Postcard Submission of Proposed Dwg Amend
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REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

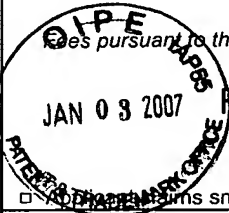
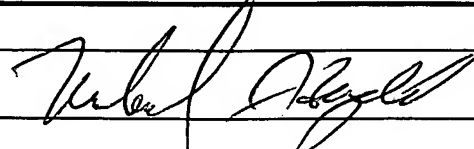
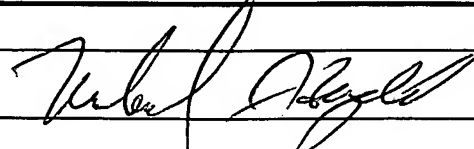
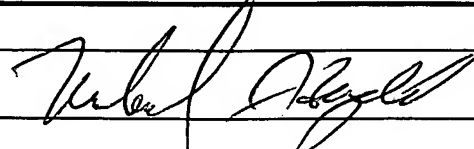
Firm or Individual Name	Michael J. BUJOLD DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	December 27, 2006	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on December 27, 2006.

Type or printed name	Michael J. BUJOLD
Signature	Date: December 27, 2006 (lfb)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<div style="float: left; width: 150px; text-align: center;"><p><b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p><p><b>FEE TRANSMITTAL</b> <b>For FY 2006</b></p><p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p></div> <div style="float: right; width: 600px; text-align: center;"><p><b>Complete if Known</b></p><table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 50%; vertical-align: top;">Application No. Filing Date First Named Inventor Examiner Name Art Unit</td><td style="width: 50%; vertical-align: top;">10/533,108 w/filing date of Oct 16, 2003 Josef WEILAND Bryan R. MILLER 3723</td></tr><tr><td>Attorney Docket No.</td><td>LORWER P37AUS</td></tr></table></div> <div style="clear: both;"></div>		Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/533,108 w/filing date of Oct 16, 2003 Josef WEILAND Bryan R. MILLER 3723	Attorney Docket No.	LORWER P37AUS																																																														
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<p><b>TOTAL AMOUNT OF PAYMENT: \$425</b></p> <p><b>METHOD OF PAYMENT (check all that apply)</b></p> <p><input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____</p> <p><input checked="" type="checkbox"/> Deposit Account      Deposit Account Number <u>04-0213</u>      Deposit Account Name: <u>DAVIS &amp; BUJOLD, P.L.L.C</u></p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p><input type="checkbox"/> Charge fee(s) indicated below      <input type="checkbox"/> Charge fee(s) indicated below except for the filing fee</p> <p><input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s)      <input type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.</p>																																																																			
<p><b>FEE CALCULATION</b></p> <p>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</p> <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th rowspan="2">Application Type</th><th colspan="2">FILING FEES</th><th colspan="2">SEARCH FEES</th><th colspan="2">EXAMINATION FEES</th><th rowspan="2">Fees Paid (\$)</th></tr><tr><th>Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Utility</td><td>300</td><td>150</td><td>500</td><td>250</td><td>200</td><td>100</td><td></td></tr><tr><td>Design</td><td>200</td><td>100</td><td>100</td><td>50</td><td>130</td><td>65</td><td></td></tr><tr><td>Plant</td><td>200</td><td>100</td><td>300</td><td>150</td><td>160</td><td>80</td><td></td></tr><tr><td>Reissue</td><td>300</td><td>150</td><td>500</td><td>250</td><td>600</td><td>300</td><td></td></tr><tr><td>Provisional</td><td>200</td><td>100</td><td>0</td><td>0</td><td>0</td><td>0</td><td></td></tr></tbody></table> <p>2. EXCESS CLAIM FEES</p> <table border="1" style="width:100%; border-collapse: collapse;"><thead><tr><th>Fee Description</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Each claim over 20 (including Reissues)</td><td>50</td><td>25</td></tr><tr><td>Each independent claim over 3 (including Reissues)</td><td>200</td><td>100</td></tr><tr><td>Multiple dependent claims</td><td>360</td><td>180</td></tr></tbody></table> <p><u>Total Claims</u>      <u>Extra Claims</u>      <u>Fee (\$)</u>      <u>Fee Paid (\$)</u>      <u>Multiple Dependent Claims</u></p> <p><u>01/05/2007 GFREY1 00000053 10533108</u>      <u>20 or HP =</u>      <u>2</u>      <u>x</u>      <u>100</u>      <u>=</u>      <u>200</u>      <u>Fee (\$)</u>      <u>Fee Paid (\$)</u></p> <p><u>01 FC:2614</u>      <u>Indep. Claims</u>      <u>200.00 HP</u>      <u>Extra Claims</u>      <u>Fee (\$)</u>      <u>Fee Paid (\$)</u></p> <p><u>5</u>      <u>-3 or HP +</u>      <u>2</u>      <u>x</u>      <u>100</u>      <u>=</u>      <u>200</u></p> <p>HP = highest number of independent claims paid for, if greater than 3.</p> <p>3. APPLICATION SIZE FEE</p> <p>If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).</p> <p><u>Total Sheets</u>      <u>Extra Sheets</u>      <u>No. of each additional 50 or fraction thereof</u>      <u>Fee (\$)</u>      <u>Fee Paid (\$)</u></p> <p><u>-100 =</u>      <u>/ 50 =</u>      <u>(round up to a whole number) x</u>      <u>=</u>      <u></u></p> <p>4. OTHER FEE(S)      <u>Fees Paid (\$)</u></p> <p><b>Petition for 2-month Extension of Term (SMALL) ..... \$225</b></p> <p>Other (e.g., late filing surcharge): _____</p>		Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Utility	300	150	500	250	200	100		Design	200	100	100	50	130	65		Plant	200	100	300	150	160	80		Reissue	300	150	500	250	600	300		Provisional	200	100	0	0	0	0		Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20 (including Reissues)	50	25	Each independent claim over 3 (including Reissues)	200	100	Multiple dependent claims	360	180
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<p><b>SUBMITTED BY</b></p> <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width: 50%; vertical-align: top;">Signature </td><td style="width: 50%; vertical-align: top;">Telephone (603) 226-7490</td></tr><tr><td style="vertical-align: top;">Name (Print/Type) Michael J. BUJOLD</td><td style="vertical-align: top;">Registration No. (Atty/Agent) 32,018 Date: December 27, 2006</td></tr></table>		Signature 	Telephone (603) 226-7490	Name (Print/Type) Michael J. BUJOLD	Registration No. (Atty/Agent) 32,018 Date: December 27, 2006																																																														
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12/27/6

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of	:	Josef WEILAND
Serial no.	:	10/533,108
Filed	:	with an effective filing date of October 16, 2003
For	:	DEVICE AND METHOD FOR MACHINING WORKPIECES
Group Art Unit	:	3723
Examiner	:	Bryan R. Miller
Docket	:	LORWER P37AUS

The Commissioner for Patents  
U.S. Patent & Trademark Office  
P. O. Box 1450  
Alexandria, VA 22313-1450

**SUBMISSION OF PROPOSED DRAWING AMENDMENT(S)  
FOR APPROVAL BY EXAMINER (37 CFR 1.123)  
AND NEW REPLACEMENT SHEETS OF DRAWINGS**

Dear Sir:

Enclosed is a new formal Replacement Sheet of drawings, containing new FIGS. 4A and 8A of the drawings of this application, for which the approval of the Examiner is requested.

In the event that there are any fee deficiencies or additional fees are payable, please charge the same or credit any overpayment to our Deposit Account (Account No. 04-0213).

Respectfully submitted,

Michael J. Bujold, Reg. No. 32,018

**Customer No. 020210**

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